

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE       |
|----------------------------------|----------|--------|------------|
|                                  | J.A      |        | 03/30/01   |
| <b>FEE DETERMINATION</b>         |          |        |            |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        | 10 4-25-01 |
| <b>FORMALITY REVIEW</b>          | H-5      | 866    | 06-01-01   |
| <b>RESPONSE FORMALITY REVIEW</b> | T2       | 947    | 08/21/01   |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date    |
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If more than 150 claims or 10 actions  
staple additional sheet here

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6/1  
FEB 2001

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